

RESPITE CARE SERVICE PLAN

PARTICIPANT NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	ASSESSMENT DATE
LEVEL(S) OF CARE	LIST PRIMARY TASKS	DESCRIBE TASK FREQUENCY, PROVIDERS, FURTHER DETAL	
ONGOING SERVICES (FORMAL AND INFORMAL) OR ATTACH COMPREHENSIVE ASSESSMENT SERVICE PLAN			
<p>I am aware of all possible alternatives available to me, and I agree with the above service plan. I authoizre the Respite Case Manager to obtain or release information necessary for the devleopment of the service plan.</p>			
CAREGIVER'S SIGNATURE		DATE (MM/DD/YYYY)	8. CASE MANAGER'S SIGNATURE
			DATE (MM/DD/YYYY)
PARTICIPANT #1 SIGNATURE		DATE (MM/DD/YYYY)	Title
			DATE OF VERBAL CONSENT BY PARTICIPANT (MM/DD/YYYY)
		OR	

RESPITE CARE SERVICE PLAN INSTRUCTIONS

1. Complete a Respite Care Service plan for all participants who are authorized for respite services.
2. Identify the level(s) of care for which the participant is assessed.
3. List the tasks which the respite participant needs during a typical respite service episode. Examples of tasks by level include:
 - Level 1 Supervision, meal preparation, companionship
 - Level 2 Assist to: eat, dress, toilet, bath, groom/hygiene, self-medicate
 - Level 3 Bathe, turn in bed, transfer, administer oxygen, provide incontinence care, assist self-medication
 - Level 4 Administer medications, provide catheter and/or colostomy care, respiratory therapy, IV medication
4. Describe the frequency of tasks during a typical respite service episode (e.g., bathing twice a week). Identify what type of respite provider(s) might be appropriate to address each task (e.g., adult day health, nursing home, home care, etc.). Give detail to tasks if necessary.
5. If more space is needed, continue writing on the back side of service plan or use another copy of the Respite Care Service Plan.
6. Obtain the signatures indicated on the first page of the Service Plan.
7. Distribute Service Plan copies as listed below. Document distribution (to whom, date) in participant's file.
 - Participant's Respite Care file (original)
 - Caregiver/participant copy to be kept in the "yellow" folder in caregiver/participant's home.
 - In-home service provider when in-home services are authorized.
 - Residential care provider when the participant enters a nursing home, hospital, congregate care facility, adult day care, adult day health center, or adult family home for the purpose of respite care services.
 - Aging network case management agency if participant is or will be receiving case management services.
8. It is important that the information be current and kept up to date. After the initial service plan is developed, you should discuss with the caregiver/participant periodically any changes which may have occurred in the participant's health or emotional status that may affect the type of respite service to be provided.